

WEDGWOOD CHRISTIAN SERVICES

3300 36th Street, S.E. Grand Rapids, MI 49512 (616) 942-5027

www.wedgwood.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Today's Date _____

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Home Telephone No. _____ Other Telephone No. _____ E-mail _____

Race _____ Date of Birth _____ Church currently attending _____

VOLUNTEER POSITION DESIRED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Church Family | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Activity / Program Assistant | <input type="checkbox"/> Tutor | <input type="checkbox"/> AA Group Facilitator |
| <input type="checkbox"/> Chaplain's Assistant | <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Maintenance Assistant | <input type="checkbox"/> Neighborhood Youth Program | <input type="checkbox"/> Other (specify) _____ |

AVAILABILITY AND LENGTH OF COMMITMENT:

Please check the days you are available and indicate times behind each.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

How long can you commit to this volunteer service? _____ When are you available to start? _____

MEDICAL AND CRIMINAL HISTORY:

Much of this information is required by the state of Michigan licensing division for child care institutions. All prospective volunteers who wish to work directly with residents (with contact of 4 or more hours per week) must provide evidence of freedom from communicable tuberculosis (TB Test).

Do you have any physical, mental or medical conditions which would affect your ability to perform the volunteer function for which you are applying? Yes No If you checked "Yes", please explain: _____

Have you ever been convicted or pled guilty to a crime or misdemeanor? Yes No If you checked "Yes", please explain: _____

Have you ever had a complaint filed against you with the Department of Protective and Regulatory Services (Child or Adult Protective Services) in Michigan or any other state? Yes No If you answered "yes", please explain: _____

A valid driver's license with no more than 3 moving violations within a 3 year period and no alcohol/drug related violations within a 5 year period is required to transport clients. Wedgwood Christian Services will conduct a check of your driving record to verify you meet these requirements.

Do you meet these requirements as they pertain to your driving record? Yes No

Explain: _____

Driver's License Number: _____ Issuing State: _____

Have you lived out of state? _____ If so, indicate which states and the dates that you lived there. _____

Do you have access to a car on a regular basis? Yes No

Note: A criminal History Check, Sex Offender Registry Check and Central Abuse Registry Check will be completed in all the states you have lived in.

EDUCATIONAL BACKGROUND:

(Please begin with High School)

School	Location	Dates Attended	Major course of study	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY SERVICE:

Were you in the U.S. armed forces? Yes No If you checked "Yes", please list dates of service:

From _____ To _____ Branch: _____ Type of discharge: _____

VOLUNTEER EXPERIENCE:

Please list previous volunteer positions which you have held. Include date, and direct supervisor's name.

WORK EXPERIENCE:

List your current and last employment experience.

Dates	Employer's Name and Address	Supervisor's Name	Reason for leaving
_____	_____	_____	_____

Telephone No. _____ Job Title _____

May we contact the Supervisor listed above? Yes No If "No", please explain _____

Dates	Employer's Name and Address	Supervisor's Name	Reason for leaving
_____	_____	_____	_____

Telephone No. _____ Job Title _____

May we contact the Supervisor listed above? Yes No If "No", please explain: _____

ACTIVITIES:

Please check hobbies and activities which interest you.

- | | | | | |
|---|-------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Art | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cooking | <input type="checkbox"/> Camping | <input type="checkbox"/> Music |
| <input type="checkbox"/> Football | <input type="checkbox"/> Fishing | <input type="checkbox"/> Pool | <input type="checkbox"/> Cards | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Swimming | <input type="checkbox"/> Sewing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Other _____ |

PERSONAL PHILOSOPHY:

How did you learn about Volunteer opportunities at Wedgwood? _____

Why are you interested in providing volunteer service at Wedgwood? Please describe how your personal philosophy relates to your interest.

PERSONAL REFERENCES:

Give the names, address, and telephone numbers of **TWO** persons/friends who have known you for the past three years and can speak toward your character. Give the name of **ONE** professional (supervisor, pastor, professor). Please do not give names of relatives.

Name	Relationship to you	Address	Telephone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT CERTIFICATION AND AGREEMENT:

Carefully read the following statement and sign as specified below.

I have completed this application, and hereby declare the information provided is true, complete and correct to the best of my knowledge. I understand that any misstatement or omission of fact on this application will be considered cause for my dismissal. I further authorize Wedgwood Christian Services to obtain references concerning my character, personal qualities, and past job performance.

If I am accepted for a volunteer position involving direct contact with residents, I agree to provide Wedgwood with a copy of a health statement from a physician and proof of freedom from tuberculosis.

SIGNATURE

DATE

For Office Use Only

Placed _____ Program _____ Role _____ Date _____

Explanation _____